

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Health Department City of Baltimore.

Permit No. A 1820 Office of Registrar of Vital Statistics. Ward 17 1/4

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 29th 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lorutz Emil Boehm

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, — Years, 10 Months, — Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } US

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 90 Towson St

Cause of Death, { First (Primary), Second (Immediate), } Marasmus.

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, July 31 1887

Undertaker, L. F. Krause, Son Georg Strauss M. D. Medical Attendant.

Place of Business, 703 Harman Address, 9 E. Montgomery

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

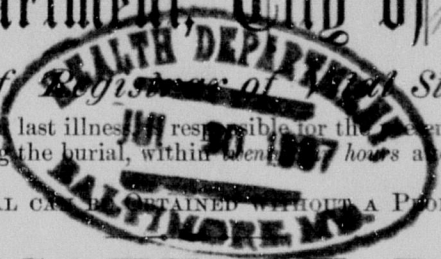
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1821 Office of Register of Vital Statistics. Ward 11 ⁴/₄

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, July 28th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Bathaine Truitt

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 40 Years, _____ Months, _____ Days.

Color, Caucasian

Married, Single, Widow or ~~Widower~~, { Cross out the words not required in this line. } Single

Occupation, Learnmore

Birth Place, { State or country, and how long in the United States, if of foreign birth. } A. A. Lee, Md.

Duration of Residence in the City of Baltimore, 30 years

Place of Death, { Give Street and Number. } 422 Morris Alley

Cause of Death, { First (Primary), Second (Immediate), } Heart Disease

Duration of Last Sickness, Only a few minutes

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, July 31st 1887

Undertaker, Alex. Henry R. M. Heall M. D. Medical Attendant.

Place of Business, 561 W. Charles St Address, 1019 D. Hillman

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

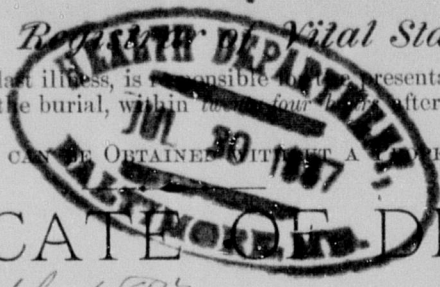
HEALTH DEPARTMENT, BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1822 Office of REGISTRATION Vital Statistics. Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A DEATH CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, July 29th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William A. Kemper

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Forty Years, _____ Months, _____ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Machinist

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City.

Duration of Residence in the City of Baltimore, Forty Years.

Place of Death, { Give Street and Number. } 1407 Garrett Ave Locust Point

Cause of Death, { First (Primary), Second (Immediate), } Stroke
Coma

Duration of Last Sickness, Eight Hours.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, July 31 1887

Undertaker, Bernard Harle } M. Lake Stoper M. D.
Medical Attendant.

Place of Business, 115 West St Address, 1329 Hull St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

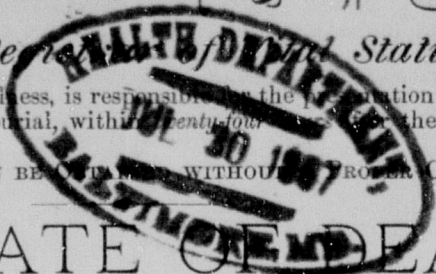
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HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

Health Department, City of Baltimore.

Permit No. A 1823 Office of Registrar Statistics. Ward 20th

The Physician who attended any person in a last illness, is responsible for the completion of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours of the death of said deceased, or sooner, if requested so to do, under penalty of law.
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT THIS CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, July 28th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth Watson

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 88 Years, _____ Months, _____ Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 104 Harlem Ave

Cause of Death, { First (Primary), Second (Immediate), } old age
gradual heart failure

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cem.

Date of Burial, July 30 1887

{ Undertaker, Wm. H. Hickman John Jeff M. D. Medical Attendant.

{ Place of Business, 5700 N. Gay Address, 701 N. Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health
of Baltimore.

Permit No.
1824
Office of Registrar of Vital Statistics.
Ward
8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT THIS FORMER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,
July 28 1887

Full Name of Deceased,
C. Gerorgetta Shuers

Sex,
Male or Female,

Age,
57
Years,
3
Months,
26
Days.

Color,
white

Married, Single, Widowed or Widower,

Occupation,
Dress Maker

Birthplace,
Baltimore Md

Duration of Residence in the City of Baltimore,
Lifetime

Place of Death,
1008 E. Eager St.

Cause of death,
Cancer of the Breast

Duration of Last Sickness,
1 year

All the above information should be furnished by the Physician.

Place of Burial,
Greenmount.

Date of Burial,
July 30, 1887

Undertaker,
Jm H. Hickman

Place of Business,
234 N. Gay

Address,

M. D.,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1825 Office of Registrar of Vital Statistics.

Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the Burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 29 - '87.

Full Name of Deceased, Mrs. Wells {Write legibly and spell correctly. If an Infant not named, give names of parents.}

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 72 Years, — Months, — Days.

Color, Wht.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Stone-worker

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Balto. Co.

Duration of Residence in the City of Baltimore, 60 yrs

Place of Death, {Give Street and Number.} New P.O. Building

Cause of Death, {First (Primary), Apoplexy Second (Immediate),}

Duration of Last Sickness, Few minutes

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, July 31

{Undertaker, J. B. Cook

Alexander Hill M. D.

Medical Attendant.

{Place of Business, 1003 W. Balto. St. Address, 223 N. Calvert

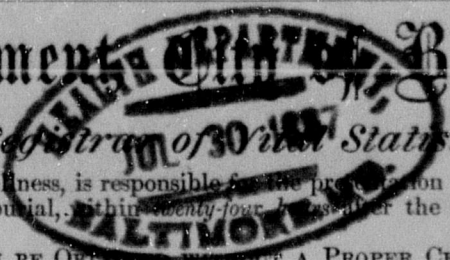
Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

Permit No. 1826 Office of Registrar of Vital Statistics. Ward 12

Health Department Baltimore.



The Physician who attended any person in a last illness, is responsible for the preparation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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CERTIFICATE OF DEATH.

Date of Death, July 29. 89.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Ann Lemmon.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 87. Years, Months, Days.

Color, W.

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, ✓

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all her life.

Place of Death, {Give Street and Number.} 221. W. Lanvale St.

Cause of Death, {First (Primary), Dysentery
Second (Immediate), Asthenia

Duration of Last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial, GREEN Mount

Date of Burial, 31st July 1889

{ Undertaker, H. W. Jenkins & Sons
Place of Business, Park & Stanton Address, 1309. Park Ave.

Henry Rolando M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Special attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. *A 1827* Office of Registrar of Vital Statistics.

Ward *6th*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT THIS CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 29/87*

Full Name of Deceased, *Albert Graf*
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, *Male*
{ Cross out the word not required in this line. }

Age, *17* Years,

8 Months, Days.

Color, *White*

Married, Single, Widow or Widower, *Single*
{ Cross out the words not required in this line. }

Occupation, *Can maker*

Birth Place, *Baltimore*
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, *413 Castle St.*

Place of Death, *Phthisis*
{ Give Street and Number. }

Cause of Death, *Phthisis*
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, *About 8 weeks.*

All the above information should be furnished by the Physician.

Place of Burial, *Holy Redeemer Cem.*

Date of Burial, *July 30th 87*

Undertaker, *J. H. Collier*

Place of Business, *Jan 48 W. 48* Address,

J. H. Collier M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Permit No. A 1828 Office of Registrar Vital Statistics Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within two four hours of the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, unknown - supposed to have suicided by
drowning abt 2 or 3 wks ago.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } supposed to be Geo. Seiford

Sex, Male or Female, { Cross out the word not required in this line. }

Age, abt 35 Years, _____ Months, _____ Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } supposed to be married

Occupation, Steward

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, unknown

Place of Death, { Give Street and Number. } Found drowned near Fort McHenry.

Cause of Death, { First (Primary), Second (Immediate), } Drowning (supposed to be suicidal)
Asphyxia.

Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, N. Public Cemetery

Date of Burial, July 29/87

{ Undertaker, Geo. E. Brown } H. Plannery M. D.

{ Place of Business, Health Office } Coroner Medical Attendant.
Address, 1701 Dr. Hill Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

Health Department, City of Baltimore.

Permit No. 1829 Office of Registrar of Vital Statistics. Ward 14^a

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 29, 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm. Walker Sohle

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 3 Months, 10 Days

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto; Lexington, Va. Va.

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 1117 Edmondson Avenue

Cause of Death, { First (Primary), Enterocolitis
Second (Immediate), Exhaustion

Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Linden Park

Date of Burial, July 30/87

{ Undertaker, Penny & Mitchell } J. M. Hendley M. D. Medical Attendant.

{ Place of Business, 1261 W. Fayette } Address, 1002 Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]